



TOWN OF AMHERST
LICENSE ATTESTATION

License Year: _____

LICENSE #: _____

LICENSEE: Name _____

Address _____

D/B/A: _____

ID# _____

MANAGER: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant or
Corporate Name*

By: Corporate Officer
(Mandatory, if applicable)

Social Security # (voluntary) or
Federal Identification Number**

* This license will not be issued or renewed unless this certification clause is signed by the applicant.

** This number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.